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SECRETARY OF STATE
TALL AHASSEE, FLORIDA

T SCHOOLDER

COVER LETTER

TO:	Amendment Section
	 Division of Corporations

SUBJECT: Fallon Industries, Inc.
Name of Corporation
DOCUMENT NUMBER: P19000045242

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Jason Fallon	
Name of Contact Person	
Fallon Industries	
Firm/Company	
27960 Cabot Rd. #734	
Address	
Laguna Niguel/CA 92677	
City/State and Zip Code	

fallonindustries@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jason Fallon

Name of Contact Person

at (818) 389-3996

Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

. . . .

Pursuant to the provisions of sections 607,0502, 617,0502, 607,1508, or 617,1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida.	
I. The name of the corporation: Fallon Industries, Inc.	_
2. The principal office address:	_
3. The mailing address (if different):	_
4. Date of incorporation/qualification: 5/23/19 Document number: P19000045242	_
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)	
Donald J. Slaughter, SR.	
Donald J. Slaughter, SH. 11100 SW 93rd CT RD. Suite 10135	
The state of the s	
6. The name and street address of the new registered agent (if changed) and /or registered office; (if changed):	
Dana Wald	
9699 Crescent View Dr. South, Boynton Beach, Florida, 334.	3
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.	
Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.	
Signoffre of an officer or director Jason Fallon Printed or typed name and title	
Signature of an officer or director I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.	
Dana Wall 8/14/19	
Signature of Registered Agent Date	
If signing on behalf of an entity:	
Dana Wald	
Typed or Printed Name * * * FILING FEE: \$35.00 * * *	

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (03/12)